

Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

## **Nevada State Business License** "Other" Renewal

**USE BLACK INK ONLY - DO NOT HIGHLIGHT** 

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form DOES NOT relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

\* Asterisks indicate **required** information. Incomplete forms will be rejected.

## **INSTRUCTIONS:**

- 1. This renewal form is for the use of a business that is not a sole proprietor or partnership or that is not required to organize pursuant to Title 7 of NRS.
- 2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
- 3. Return the completed form with the \$200.00 business license fee. \$100 penalty will be added for failure to file form by license expiration date. Refunds are not available on improperly filed renewals.
- 4. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- 5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at www.nvsos.gov in the Forms Library under the Resources section of the Business Center.
- 6. Form must be in the possession of the Secretary of State on or before the last day of the month in which the State Business License expires. (Postmark date is not accepted as a receipt date.) Forms received after due date will be returned for additional fees and penalties.
- 7. The person renewing the State Business License must sign the application. FORM WILL BE RETURNED IF UNSIGNED.

1*	Signature must be that of a responsible party.  I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office Secretary of State.									
	First Name	Middle (Optional)	Last Name		Suffix	Title				
	X Signature of Responsible Party		Date							
2*	olginatare of recoporation i arry		24.0							
2	NV Business ID #		(Required - Number on St	ate Business Licen	se)					
3*	Entity Name									
4	You may add up to four businesses associated with this "other" entity. Entries into this section <u>do not</u> relieve you of other business license or DBA filings required by local/county offices.									
	Business 1. Name(s)			2.						
	3.			4.						
5*				1						
	Physical Address	sical Street Address		City		State Zip Code				
6	Filys	Sical Street Address		City		State Zip Code				
6	Mailing Address									
	(if different)	Box or Street Address		City		State Zip Code				
7	Entity Phone (	)								
8	Email Address			Check h	nere to receive no	tices electronically				



**Authorized Signature** 

**ROSS MILLER Secretary of State** 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

## ePayment Checklist (For Counter, Fax and Mail Requests)

					USE BLACK	INK ONLY - DO NOT HIGHLIGHT		
Service Type:	Counter	Mail	Fax					
Order Processing Requested: (Expedite Processing Requires Additional Fees)								
Regular Processing	24-H0	OUR Expedite	2	HOUR Expe	dite	1-HOUR Expedite		
Payment by Card	(card holder i	name and bil	ling address	required be	elow)			
Card Type: VISA		MasterCard		Discover	Ar	nerican Express		
Customer Credit Card Nu	umber:					V CODE*		
	t number found on the				nd Discover care	ds		
NOTICE: For security and (VCode) number located o request.	d verification pur	poses, all cred	dit card paym	ents must inc				
Credit Card Expiration Dat	te: Month		Yea	r				
			Am	ount to Ch	arge Card	: USD \$		
Order Information	ı (required)							
Entity Name/Order R	deference:							
Card Holder Informa	tion:							
Name as it Appear	rs on the Accour	nt						
	Billing Addres	ss						
	City, State, Zi	ip						
	Telephon	ie						
Payment Authoriz I authorize the Secretary of account(s):		amount not to	exceed the	following to b	e charged to	the above listed		
X			Nc	t to Excee	d Amount	·· USD \$		